Effective on 12/08/2004.	Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					
FEE TRANSMITTAL		Application Number	10/557,286		
For FY 2009		Filing Date	8/24/2007  Benedict Marie Doorschodt		
Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Brian Scott Szmal		
TOTAL AMOUNT OF PAYMENT (\$) 130.00		Art Unit 3736  Attorney Docket 0470 - 053534			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):					
22.0550					
Deposit Account Deposit Account Number: 23-0050 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below  Charge fee(s) indicated below					
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Charge any overpayments  Credit any overpayments					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES					
Small En Application Type Fee (\$) Fee (\$		<u>   Entity S</u>   <u>See (\$) Fee (\$)</u>	mall Entity Fee (\$)	Food D	aid (\$)
Utility 330 82		270 220	110	FCCS 1	aiu (5)
Design 220 110		50 140	70		TO TOWN TO A COLOR OF THE COLOR
Plant 220 110	330	165 170	85	*****	······································
Reissue 330 165		270 650	325		
Provisional 220 110	0	0 0	0		<del></del>
2. EXCESS CLAIM FEES	U	0 0	U		
Fee Description Fee (S)					Small Entity Fee (\$)
Each claim over 20 (including Reissues) 52					26
Each independent claim over 3 (including Reissues)					110
Multiple dependent claims			390	195	
<u>Total Claims - 20 or HP</u> <u>Ext</u>	ra Claims Fee (S	Fee Paid (\$)		Multiple De	ependent Claims
HP = highest number of total claims paid for, if g	greater than 20.			<u>Fee (\$)</u>	Fee Paid (\$)
		e) Foo Doil (e)		***************************************	***************************************
	ra Claims Fee (				
HP = highest number of independent claims paid		***************************************			
3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.					
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
4. OTHER FEE(S)  Fees Paid (\$)					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): \$130 Extension of Time. \$130.00					
SUBMITTED BY					
Signature Registration No. (Attorney/Agent) 22,132 Telephone 412-471-8815					
Name (Print/Type) William H. Logsdon Date July 13, 2009					